DOCUMENT RESUME

ED 388 416 PS 023 699

AUTHOR Moss, Peter
TITLE Defining Objectives in Early Childhood Services.
PUB DATE 9 Sep 95
NOTE 17p.; Paper presented at the European Conference on the Quality of Early Childhood Education (5th, Paris, France, September 7-9, 1995).
PUB TYPE Speeches/Conference Papers (150) -- Viewpoints (Opinion/Position Papers, Essays, etc.) (120)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Child Development; *Child Development Centers; *Day Care; Definitions; Early Childhood Education; *Educational Quality; Foreign Countries; Inclusive Schools; School Role; Young Children
IDENTIFIERS Europe; Quality Indicators; Relativism

ABSTRACT

This paper explores the issue of how quality in early childhood services is defined and evaluated and examines some of the implications of working within a particular paradigm at a European level. The discussion begins with the concept of early childhood services, and how the approach to defining quality relates closely to the concept of service. Defining quality is the product of how researchers and caregivers conceive of early childhood services. Some issues are presented in the process of defining quality. The first issue concerns whom to include in the process of defining quality. The second issue concerns what conditions are needed to enable the development of an inclusionary approach. Four conditions discussed are: the wider culture, staff, external assessment, and time. The third issue concerns the limits of relativism. The fourth issue concerns the role of experts in an inclusionary approach. The inclusionary approach fits best with the concept of early childhood services as community institutions or resources, responsive to the needs, interests and cultures of their local communities, and playing a major role not only at individual and family levels but also in supporting community cohesion and development. (AP)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

Defining Objectives in Early Childhood Services

Paper given at the 5th European Conference on the Quality of Early Childhood Education
Paris, September 9 1995

Peter Moss

ED 388 416

In this paper, I want to explore the issue of how quality in early childhood services is defined and examine some of the implications of working within a particular paradigm. But before doing so, I want to give a little personal history, for reasons I hope to make clear in a moment. My disciplinary background is neither in psychology or education. I studied history at University, then trained as a social worker. My introduction to children's services was through work with children with learning disabilities and involvement in the movement to remove these children from care in large institutions - what were then called in the UK 'subnormality hospitals'. That movement in the UK, which also included adult men and women with learning difficulties, was influenced from an early stage by work initiated in the United States which emphasised the values based nature of services. Applying an historical perspective, this work illustrated how services for people with learning disabilities have changed over time and that these changes in services have been the product of changing concepts about the nature and value of people with learning disabilities. It argued that assessment of the quality of services should be based on an explicit, coherent and articulated values base. Finally, it applied this principle through the development of a values based system of service assessment.

In early 1970s, I came to work at Thomas Coram Research Unit when it was established at the London University Institute of Education. It was then that I was introduced to early childhood services both by my own new parenthood, but also by the Unit's first director, Professor Jack Tizard, one of the leading social scientists of his day. His vision of early childhood services has influenced me greatly. He was appalled by the state of services in the UK, which apart from being insufficient in number and grossly under-resourced, were fragmented and inflexible, unable at various levels to meet the needs of children or families.

His alternative vision was of local communities served by 'children's centres', each centre accessible and affordable to all families in its area with children from birth to primary school age. Rather than offering a fixed menu of services, each centre should be flexible and responsive to what parents wanted. Amongst other things, this meant centres that were multi-functional, meeting and integrating what he saw as core needs of care, education, support and health, but also able to respond to other needs - even as mundane as launderettes, at a time when many families did not have washing machines.

PS 023699

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
[X] This document has been reproduced as received from the person or organization originating it.
[ ] Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Peter Moss
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

BEST COPY AVAILABLE

Ever since joining TCRU, I have found myself in what is in some ways a rather confusing situation. I work at an Institute of Education, with an interest in nursery education. In the UK, in its present form 'nursery education' represents a very narrow service. It is not available to many children, and for those it is available to, it is mostly on offer for 3 terms and on a part-time basis. Most nursery education is delivered in nursery classes attached to primary schools and most children are admitted to primary school itself at 4. In this context, nursery education in the UK is very much a poor and dependent relation of primary schooling.

But while I work in an Institute of Education, the TCRU is funded by the Government Department of Health, to undertake work on what in Britain we call 'day care' services - day nurseries, childminders, playgroups. Because of the limited provision of nursery education, these services provide for more children than nursery education. They also operate in a quite separate system to nursery education - the welfare system rather than the education system. The great majority of these services depend on parents' ability to pay fees for their children to attend: in effect, therefore, most young children in the UK depend on an unsubsidised private market for the supply of services.

My current work includes directing a project on the implementation of the 1989 Children Act, a major piece of legislation on children, which also covers certain children's services, including day care. This legislation places a duty on public authorities to provide 'day care', but not nursery education, for children defined as 'in need'; these services are treated in the legislation as a major source of support for distressed and stressed children and families. My research work therefore inevitably requires attention to be given to this social work role of services.

But I also spend half my time coordinating, for the European Commission, a Network on Childcare and Other Measures to Reconcile Employment and Family Responsibilities. This reflects a long standing personal interest in the relationship between employment, gender equality and child rearing. The European Commission expects this Network to pay attention among other policy areas, to the provision of so called 'childcare services', that is services providing safe and secure care for children while their parents are at work; these services are seen as a central part in any strategy to reconcile employment with the upbringing of children. They are also discussed increasingly in the UK in the context of economic development, labour supply and the reduction of welfare payments through enabling more lone mothers to enter the labour market.

I have given this background for three reasons. First, to emphasise that I am not an

educationalist or psychologist. I am neither competent or experienced enough to enter into detailed discussions about curriculum or practice, important though I recognise these to be. For these reasons I would hesitate to go into detail about educational objectives.

Second, because my 20 years or more in this field has led me to question continually the divisions that often exist in Europe in services for children below compulsory school age and which are reflected in perverse distinctions in the way services are conceptualised, described, resourced and operated. In the UK, but also in a number of other European countries, we have distinctions between nursery education and day care, and within day care between 'childcare for working parents' and 'day care as a service for children and families in need'.

These distinctions are maintained by different constituencies each with an interest in a particular type and concept of early childhood service, and between whom there is often little communication and understanding. Educationalists focus on nursery education, which is often regarded as being a service only for children over 3 (or in France and Belgium, over 2). 'Child care for working parents' is the subject of growing interest from employers and a range of groups concerned with economic development, gender equality and welfare dependency. Then there is a whole social work constituency who view day care as just one of a range of support services for families deemed to be in need. These different constituencies have such different discourses about early childhood services and sometimes show little understanding or knowledge of the discourses outside their own area of interest.

The divisions within early childhood services lead to enormous inconsistencies and inequalities between services, in particular between services for children under and over three and between services in the welfare and education systems; only a few countries, notably the Nordic states, avoid this incoherence and inequality. The divisions also serve children and parents badly in another way; divided services do not adopt a holistic approach to the needs of children and families and fail to recognise the inseparability of many basic needs; indeed some services make a point of explicitly limiting their role, for example nursery education in the UK in recent years has been specifically defined as not providing care for children while parents are at work. Another result of divided and compartmentalised services is a wasteful use of resources. Services are often underused and their potential contribution to children, families and local communities not fully achieved.

So, in short my personal background has led me to regard services for young children which focus on only one function as a wasted opportunity and a failure to respond to the complex needs of children and families. Education cannot be easily separated from needs for care, socialisation, support and community cohesion. Objectives for services should cover all of

these areas.

My personal vision, which owes much to Jack Tizard's vision of Children's Centres, is of services for young children, families and local communities that are comprehensive, coherent and flexible, integrated within one system, and conceived of as a local resource and institution. Services which cover children from 0-6 and recognise a multi-functional role covering, at least, learning, care, socialisation, family support and community development. It is for this reason, as well as awareness of my limited educational credentials, that has led me to use the term 'early childhood services' in the title of my presentation even though I recognise it is not a perfect term. Indeed, one of the limitations of the English language is the absence of an adequate vocabulary to describe the concept of an integrated and coherent service for young children - in sharp contrast to the range of terms that we have which emphasise and reinforce a divided and segregated concept of services.

The third reason for offering a little personal history is to explain why I have always viewed discussions about quality as, in the first place, discussions about values and beliefs, and strongly influenced by the concepts we have about the users of services. The idea that defining quality can be, or should be, an objective process has never figured in my thinking; I have always thought of it as a political process in the sense that it must involve values and interests, power and negotiation. Moreover I have always regarded the values based and subjective nature of quality as an opportunity, not a problem.

So having introduced myself and some of my perspectives on services, let me turn to my main theme today - defining objectives in early childhood services. I have used the term 'defining objectives', because I have regarded this as what, in essence, defining quality is about. But in fact I am a little uneasy about the bluntness of this definition, which represents a search for something simple and tangible in what is inherently an area of complexity and subtlety. For in practice defining quality must be to define a vision of what you want to achieve, and that vision will involve many interlinked images - objectives certainly, but also values, processes, relationships, ethos, the everyday life of the service.

Last year, I published a book with a Canadian colleague, Professor Alan Pence of the University of Victoria, British Columbia. The book was called *Valuing Quality in Early Childhood Services*, and was an edited volume with contributions from 16 colleagues from 6 countries, some of whom I am pleased to see here today. What I want to do today is to recap on the main arguments in the book - and then move on to consider some outstanding issues in the approach the book took to defining quality in early childhood services.

The book argued that quality in early childhood services (or in fact in any service) is in essence a relative and constructed concept, not an objective reality. It is also a dynamic concept; perspectives and definitions change over time. This is because definitions of quality are rooted in values and beliefs, needs and interests.

This view of quality led us to argue that the **process** of defining quality - how quality is defined and by whom - is critically important. There are a wide range of groups with an interest or stake in early childhood services, including children, parents, the workforce, other specialist groups, local communities, employers and the wider society. Each group may have different values and needs and interests. Indeed, even within any one group there may well be different values and needs. In short, in diverse and plural societies and communities, there are likely to be many different perspectives and understandings about what quality means.

Despite this variety of stakeholders, in practice discussion, definition and evaluation of quality has tended to be dominated by experts from government, certain professions and academic research, and has involved the exercise, often unconsciously, of control and power. We called this an exclusionary approach to quality.. This approach often involves an assumption, usually implicit, that quality is an objective reality, a sort of Holy Grail to be discovered and brought back by suitably qualified and technically equipped specialists.

In place of this exclusionary approach, we argued for an inclusionary approach

> a new paradigm for defining quality based on participation by a broad range of stakeholders, and recognition of values, beliefs and interests underpinning definitions. Within this alternative paradigm, the roles, processes and principles typically found within the exclusionary paradigm are transformed: limited participation is replaced by broad access to the process of definition; power concentration gives way to power distribution; few voices make way for many; an assumption of rational objectivity is challenged by recognition of the essential subjectivity of the process and the role of values, beliefs and interests; the search for quality universals becomes the exchange of quality perspectives leading to definitions specific to a particular spatial and temporal context and capable of evolving through a dynamic and continuous process.

At this point, I should stress that Alan Pence and I do not claim to have arrived at an original position. The approach to quality we adopted has a clear history and derives from a variety of ideas, for example the ecological model of development propounded by Bronfenbrenner and others and more generally, post-modernist and feminist critiques of scientific 'knowledge', 'value free' research and the positivistic paradigm.

Others have arrived at similar conclusions. In an influential discussion paper on *Quality in Services for Young Children* prepared in 1989 for the EC Childcare Network by Irene Balaguer and Juan Mestres from Spain and Helen Penn from the UK, the authors recognised that quality is a values based concept; that there are a range of interest groups each with their own perspective on quality including children, parents and families and professionals; and that "understanding quality and arriving at quality indicators is a dynamic and continuous process of reconciling the emphases of different interest groups".

More recently in a particularly important chapter in our book, Gunilla Dahlberg and Gunner Asen describe what they call an 'associative model' for defining objectives, which is very similar to our 'inclusionary' approach.

> This model is based on an idea, a vision, of combining the professional and the political model with an idea of civic participation and democracy. Fundamental to the associative model is that institutions for early childhood education and care are viewed as institutions bearing cultural and social values...Accordingly, how quality in early childhood education and care is defined and evaluated will be a concern not only for politicians, experts, administrators and professionals, but will also be a matter for the broader citizenry....It becomes important to create forums or arenas for discussion and reflection where people can engage as citizens with devotion and vision...and within these arenas a lively dialogue could take place, in which early childhood education and care are placed within a larger societal context.

The British psychologist, Martin Woodhead, has been conducting work for the Bernard van Leer Foundation on large scale care/education programmes in poor communities, working in four countries: France, India, Kenya and Venezuela. In a recent paper he poses the question 'is it possible to identify a common frame of reference for quality in early childhood?'. He concludes that there cannot be a common framework in the sense of a particular vision of early childhood.

> There are many different potential criteria of quality, which are closely linked to beliefs about the goals and functions of programmes. These beliefs are in turn shaped by different perspectives on childhood, different cultural patterns and personal values...We have to look towards a model that includes multiple perspectives.

Woodhead's work helps to situate the debate about quality into a much wider context, which includes not only North American, Western Europe and Australasia, but the Majority World where most children live. He takes us forward by trying to identify themes and principles

that need to inform the process of defining quality. From his global experience, he emphasises the risks attached to attempting to generalise debates or assessments of quality - "judgements about quality derived from one setting cannot be presumed to apply in another - particular perspectives should not be paraded as universal truths".

Last but not least, many of the contributors to our book, and other researchers and practitioners, for example Chris Pascal, have been seeking to develop their own work within the framework of what Alan Pence and I have called an inclusionary approach to quality.

Key features of this approach to quality and its definition are diversity, transparency, debate and inclusion. Before moving on, I want to emphasise why these features, and therefore the whole approach, are critically important - in short to argue that an inclusionary approach or associative model are not optional extras but concepts that have an important place in current and future discussions about early childhood services.

The first argument concerns the issue of legitimacy for early childhood services, and is developed by Gunilla Dahlberg and Gunnar Asen in their chapter in our book. At a time when public services are under attack, if early childhood services are to be protected and, in future develop, then they must make their work and practice highly visible and engage as wide a range of stakeholders as possible in debate about that work and practice. An inclusionary or associative approach therefore is an important means of increasing understanding of services and the importance attached to them and of developing a wider sense of identification and ownership.

The second argument concerns the need for early childhood services to be a community resource, responsive to local needs, conditions and values. Even within Western Europe there is enormous diversity between and within societies. In many respects our societies are becoming increasingly diverse. Local services need to match this diversity, being attuned to the particular circumstances of their local communities, and also able to respond to change. An associative model or inclusionary approach to quality is consistent with services which seek to be relevant, responsive and dynamic, rather then prescriptive and static.

The third argument follows from the second. Adopting an approach to defining quality that recognises diversity should produce more relevant services. But it also values and supports plurality. This can be seen as an important end in itself. Concluding a study of conditions contributing to the social ecology of childhood, Weisner argues that "in a democratic society, the nurturance and understanding of diversity rather than the production of conformity should remain a fundamental social value".

Apart from the inherent value of plurality, there may be more specific dangers that follow from growing uniformity and standardisation. Unless we support diversity in our approach to quality, we are in danger of an increasing uniformity, the imposition of standard concepts and standard measures, a process of ideological and intellectual colonisation. In particular, there is a danger that the United States will establish hegemony in this area in the way that it seems set to do in other cultural, technological and academic areas. In Martin Woodhead's words, the "concern is that the global distribution of one kind of 'common frame of reference' could lead to a world of uniformity and standardisation'".

Apart from the inherent value of plurality, there may be more specific dangers that follow from growing uniformity and standardisation. Alan Pence uses an environmental analogy to argue the importance of valuing and supporting diversity and plurality in the context of child-rearing and early childhood services. He likens the variety of childrearing practices which currently exist in different cultures and subcultures to endangered species which must be preserved, since they contain the genes for new and challenging ways of thinking, learning and being which we may one day need as conventional Western ideas fail us. This belief in the importance, and mutual benefit, derived from diversity has informed the development of an innovative, cross-cultural curriculum model which Alan Pence calls the "generative curriculum". In this model, professional Euro-western ideas about learning processes are matched against specific local conditions and ideas - Pence gives the example of his University department working with First Nation people in Canada - and discussed and developed in as open and inclusive a way as possible with community elders, parents, workers and other stakeholders in early childhood services.

This emerging work on quality sets important challenges to all those working in and with early childhood services, whether they are practitioners, trainers, managers, policy-makers or researchers. In particular, it becomes necessary to be clear about the paradigm of quality in which each of us is operating; we cannot assume that there is a single, common paradigm when we discuss or study quality. For those working within the paradigm that I have outlined - with its emphasis on quality as a relative, values based and dynamic concept, with definition derived from an inclusionary approach - there is much work to be done in understanding the implications and applications of the paradigm. There is a large agenda of issues which require further attention, both theoretically and practically. I want to conclude by considering some of the issues on this agenda.

The first issue concerns who to include in the process of defining quality. In the book, we refer to 'stakeholder' groups, defined as all groups who are affected by services and who therefore can be said to have an interest in them. In practice, this is very wide-ranging

indeed comprehensive. Most obviously, there are children themselves and parents, both mothers and fathers. There are also the workers in the services themselves, and the wider body of experts, including researchers. There are employers, who benefit directly from the care aspects of services. Finally, there is the nebulous group of the local community - who pay for the services and who, through the impact of services on social cohesion and other social benefits, may hope to gain from the services.

An interesting analogy here concerns debates about the accountability of private companies. The dominant model in the UK, enshrined in company law, is the 'shareholder' company, whose only interest and responsibility is maximising returns to shareholders. In some other countries, there is a wider concept of the 'stakeholder' company, where there is a recognised interest and responsibility towards not only shareholders, but also the workforce, suppliers and other groups, in short a more inclusionary model.

The model of the "stakeholder early childhood service" is wide-ranging. But that in turn raises further questions. Do all stakeholders have an equal importance in the process of defining quality - or do some groups have a higher priority? If so, which groups and how should priority be applied? How can the participation of all stakeholder groups be secured? Most important, how far is it possible to include children, as an undoubted priority stakeholder group, in the process of discussing and defining quality? In *Valuing Quality*, a Danish researcher Ole Langsted describes research work and intervention projects conducted in Denmark to gain children's perspective on services and to increase their influence in services. He refers for example to a wide-ranging Government-funded Project entitled 'Children as Citizens', which has sought to listen to children and include them in decision-making, and which has spanned a wide range of ages and services including 3 to 6 year olds in kindergartens. He concludes that "when we speak of quality in early childhood services, it is important not only to listen to the views of adults, as is traditionally done, but also to ask the children themselves since they have important things to tell us".

He further argues that it is important to experiment with different ways to understand children's views, with the appropriateness of different methods depending to a large degree on the age of the children. Pressed by the editors of the book to say more about structures and procedures, Ole Langsted resisted on the grounds that more important in the first place than structures and procedures is the cultural climate which shapes the ideas that the adults in a particular society hold about children - "the wish to listen to and involve children originates in the cultural climate. This wish will then lead to structures and procedures".

A second group of stakeholders to whose participation particular attention needs to be paid

is fathers. While there is much discussion about parents and parent involvement in early childhood services, the discourse often fails to recognise or address gender difference. Consequently, most discussion about 'parental' involvement is in fact about mothers and takes for granted that it is mothers who are mainly involved in services. There are however some examples of services which recognise gender and actively seek to include fathers as well as mothers; Jim Levine, of the US Work and families Institute, and the EC Childcare Network have both made reports on some of these cases. However, much more remains to be done to make early childhood services 'father friendly' and to turn fathers into active stakeholders.

The last group of stakeholders I want to mention, and the most nebulous, is the 'local community', perhaps the least developed concept when we come to considering stakeholder groups. What is the local community? How can it be represented? Is it represented by local politicians? Difficult though this concept is to define, it remains critical. Not only is the involvement of the local community critical to the legitimacy of services, but it is essential if a service is to be responsive to the needs of the local community and become a community resource and institution.

The second issue concerns what conditions are needed to enable the development of an inclusionary approach. Let me mention four conditions that I believe may be important. The first concerns the wider culture. It will be easier to adopt an inclusionary approach in a society that has a strong political culture of decentralising power, participative democracy and open discussion. More specifically it will be easier to include groups such as children where the society has a children's culture, that is where children are recognised as citizens and people want to hear what they have to say and involve them in negotiation.

The second condition which may be essential for the development of an inclusionary approach concerns staff. They have a critical role to play in the success or failure of an inclusionary approach. Success will depend heavily on the training, understanding, and self-confidence of staff, and their ability to document and make visible their work and express their views about appropriate objectives for the service in which they work. They will need to develop a professionalism that can articulate objectives and practice while at the same time being open to review and revision of these objectives and practice, in the light of new circumstances and through the process of debate. A poorly educated workforce, which is common in most countries among workers with children under 3, or a narrow, defensive professionalism are equally inappropriate for the development of an inclusionary approach to quality.

The third condition concerns the development of structures and processes that will enable the application of an inclusionary approach. In particular we need to look at structures and processes for defining quality, regular review of quality definitions and assessment of quality. So far we have few examples to work from, but an interesting example is described in *Valuing Quality* - the concept of chartering introduced a few years ago in New Zealand following a major reform of early childhood services. The concept of the charter is described by a New Zealand researcher Sarah-Eve Farquhar as follows:

> A charter is defined as a contract between the Ministry of Education and the individual centre, drawn up through consultation with parents and the community. Charter documents contain an outline of centre policies, philosophies and characteristics. They are required to specify in what ways and how the individual centre intends to work towards standards of higher quality...the funding of individual centres is linked to the development and approval of charters with the Ministry.

Although the implementation of chartering has proved problematic in New Zealand, as described in the book chapter by Anne Smith and Sarah-Eve Farquhar - the concept remains an important one and an interesting model that could be taken further. It requires inclusion - centres were told that charters had to show evidence that parents, staff and the local community were consulted. It stresses the need for a process to develop a statement on quality, which is what each charter is supposed to be. And the charter should relate to a centre's philosophy or values, in other words it should be values based.

A second potentially relevant example is described by Gunilla Dahlberg and Gunnar Asen when they refer to the development in Sweden in recent years of a number of arenas or plazas.

> In these plazas politicians, administrators, teachers and other representatives come together to discuss different aspects of early childhood education. Some plazas focus on the pedagogical work being done at the level of local services, while others focus on questions and problems related to the responsibilities of the community, regional or national level. The purpose is to establish a dialogue, characterized by debate, confrontation and exchange of experience. The plaza should be seen as primarily a place for dialogue between independent citizens. It is the symbol of a vibrant democracy.

This concept of the plaza offers a forum for debate and inclusion going beyond individual early childhood services to a wider community level, and a setting not only for discussing

quality in early childhood services but wider issues about childhood, parenthood and society and how early childhood services relate to these wider issues.

A process of defining quality or preparing 'a statement of quality' like the New Zealand chartering model needs to be accompanied by a process for assessing attainment and reviewing the statement of quality. Much of this process of assessment and review should be internally undertaken within and by each service, based on a high level of documentation, reflective practitioners, and the involvement of parents and other stakeholders. A structure such as a management board including representatives of different stakeholder groups may be important here.

There should also be an element of external assessment. But assessment, whether internal or external, should use methods that are specific and relevant to the statement of quality of a particular service, addressing the ability of that service to meet the quality definition it has set for itself. General, standardised assessment measures (like ECERS for example) may have their uses in service assessment in some cases - but should not be used only by themselves within an inclusionary approach. I say this for several reasons.

A standardised measure, brought in from outside a service with no regard to its compatibility with the values and objectives of that service, is irreconcilable with the concept of an inclusionary approach; indeed it undermines that approach. Relying on standardised measures by themselves can result in the measure itself becoming the definition of quality, a case of the 'tail wagging the dog'. This is a danger emphasised by Gunilla Dahlberg and Gunnar Asen when they say that "what is important in a programme or a process and what is viewed as a pedagogical practice of high quality will always be influenced - and perhaps even changed - by the evaluation strategies and tools". The evaluation strategy in an inclusionary approach must therefore be compatible with the concepts and principles of that approach.

Standardised measures may also undermine the operation of a dynamic approach to quality. A dynamic approach requires that all parts of the quality process are open to regular review, debate and revision, and that all stakeholders are active players. Once any part of the process - whether it is an assessment measure, a statement of values, a statement of quality - is no longer subject to this process, the dynamic is reduced if not lost altogether. Stakeholders become passive objects in the process, whose job is simply to learn and apply rather than also question, argue and influence. We move away from a vibrant democracy towards the dead hand of the mission statement.

The final condition for enabling an inclusionary approach is perhaps the most basic - time.

An inclusionary approach implies that stakeholders have sufficient time to invest in the process of defining, applying, assessing and reviewing quality. For staff, this must mean that they have a recognised part of their working week allocated to non-contact work, including training, preparation, reflection and discussion. This has led the Childcare Network to suggest, in a set of targets it has recently prepared, that there should be an absolute minimum of 10% of the working week allocated in this way.

More problematic to my mind is the situation facing parents. Parental employment rates are rising steadily; in the EU, 90% of men and over 50% of women with young children are now employed. As the age of having children increases, maternal employment rises, paternal employment remains high and employment falls among older and younger people, we are in the midst of a process in which the economic and social workload is increasingly concentrated on men and women in the 25-49 age group. At the same time, increasing numbers of children are raised by lone parents. This raises major questions about the balance between employment and family life, and the sharing of employment and family responsibilities between women and men. The critical question for the inclusionary approach as for the many other proposals concerning children's services and education which require increased parental involvement is: where will parents find the necessary time and energy to be involved?

The third issue concerns the limits of relativism. No society, I believe, will be prepared to leave the definition of objectives and quality completely to the discretion of individual services. There will be certain values and objectives that are considered to be socially necessary and of general application. These will produce a 'core' definition of quality to which all services must conform, and against which all services will be assessed. This 'core' definition may be decided at national, regional or local levels of government or by a combination of these different levels.

A critical question is how these core values and objectives are decided - by whom, on what basis and by what mechanism. I think that the proper forum for this decision-making is the political system, with decisions made through Parliaments or other democratically constituted bodies, following however very wide consultation. One basis for such decisions is the concept of children's rights, applying the principle that all services should respect and enable the exercise of these rights. A second source will be the political adoption of certain economic, educational or social objectives, for example in the case of compulsory schooling through defining and applying a national curriculum.

The balance between what is a 'core' definition of quality and what is discretionary, and

therefore left for each individual service to determine will vary. In some cases, there may be a very centralised, prescribed and comprehensive 'core' definition, leaving little room for an inclusionary approach. In these cases, a standardised assessment of quality will be more appropriate. In other cases, the balance will place far more emphasis on the discretionary element.

My fourth issue concerns the role of experts in an inclusionary approach, by which I mean the application of knowledge and expertise by those who work in and with early childhood services. The inclusionary approach that I am advocating may leave the impression of a populist movement, which has little respect or role for experts. This is not the case, indeed the effective application of an inclusionary approach envisages a central and critical role for experts.

Experts are an invaluable resource through the knowledge, experience and theoretical perspectives that they can bring to the process of defining objectives and determining how they can be implemented. This knowledge and experience will ensure them a very substantial influence in the process of decision-making. Experts can also help other stakeholders to articulate and clarify their ideas and examine how they might be effectively implemented. They have essential skills for determining how to assess quality. Their role as external assessors is also critically important.

The inclusionary approach is quite compatible with researchers pursuing their own theoretical and applied interests in relation to early childhood services; their agenda does not have to be exclusively determined by the services themselves. The main implication of the approach that I am advocating is that researchers will need to be more aware of their own values base and make that values base explicit, for example when constructing standardised measures. In a chapter in *Valuing Quality* on the use of ECERS, two UK researchers, Julia Brophy and June Statham, conclude that

> If measures are to have both a research and a service support function they must have credibility and acceptability with the service in which they are applied. To achieve this an evaluative measure must state clearly its own values base and ensure it recognises and covers the objectives that are important to the service...This means examining scales not simply in terms of the traditional tests (eg. inter-rater reliability, internal consistency, scale assessment by nationally recognized experts and comparison of expert opinion) but in addition specifically addressing the question of the values which underscore the scale and making those values (both implicit and explicit) clear.

There is one final role for experts, and particularly researchers, that I would like to mention. At present, processes for defining quality have received virtually no research attention. They have been taken for granted. There is a need to develop a body of knowledge not only about existing processes, including those involving researchers themselves, but also about new and innovative approaches which work with an inclusionary paradigm of quality. In short, we need research on how definitions of quality are arrived at and how this process can be improved.

In conclusion I want to return to my introductory discussion about the concept of early childhood services, and how the approach we take to defining quality relates closely to this concept of service. Ultimately, defining quality is the product of how we conceive of early childhood services. If we view them as businesses, delivering a product to a customer, the parent, the approach to quality will be concerned with customer satisfaction and the ability of the product to meet its advertised specification; the model, a closed relationship between supplier and consumer, is inherently exclusionary and the role of the service invariably narrow. If we view early childhood services as vehicles for delivering nationally determined interventions or programmes, the approach to quality will be concerned with how efficiently and effectively the services deliver these pre-determined interventions or programmes.

The inclusionary approach fits best with the concept of early childhood services as community institutions or resources, responsive to the needs, interests and cultures of their local communities, and playing a major role not only at individual and family level but also in supporting community cohesion and development. The inclusionary approach is based itself on certain values, including citizenship, democracy, responsiveness, social inclusion and cohesion, and on the fostering of relationships between all stakeholders that are caring, respectful, trusting and cooperative. The implications of this concept are that early childhood services have profound social and cultural significance. They will have objectives relating to a range of stakeholder groups, centrally children, but also parents and families, the local community, employers and the workers in the service; defining their quality will therefore be a complex process. They need to be multi-functional and flexible. They are context and time specific, and therefore diverse, reflecting the heterogeneity of communities, and evolutionary, in response to changing values, conditions and needs. The approach adopted to quality needs to be similarly time and context specific and ability to encompass the diversity between and within stakeholder groups.

As someone working at a European level, I do not want to see a single European standard on quality in early childhood services, a unified set of objectives, nor indeed a standard European measure. If there is to be a European model, then I would like it to be a

willingness to engage with the political, ideological and cultural nature of quality; a desire to look for shared values and common understandings; but a valuing of diversity and a recognition that diversity is a resource and a necessary condition for a dynamic approach to quality.